

CONSUMER RIGHTS AND CLIENT NEEDS TECHNICAL ADVISORY COMMITTEE
Cabinet for Health & Family Services
Café Conference Room
275 East Main Street
Frankfort, Kentucky
November 4, 2019 – 1:30 p.m. EST

TAC members in attendance: Emily Beauregard (appearing via video), Miranda Brown and Arthur Campbell.

Managed Care Organization (MCO) representatives in attendance: Dana Moody, Passport Health Plan; LeAnn Magre, WellCare; Cathy Stephens, Humana-CareSource; Michelle Koester, Anthem Better Health.

Medicaid staff in attendance: Carol Steckel, David Gray, Sharley Hughes and Teresa Shields.

Others in attendance: Jason Dunn, Kentucky Voices for Health; Camille Collins, Protection & Advocacy Services Division; Shatonya Woods, Personal Assistant to Arthur Campbell.

WELCOME & INTRODUCTIONS: The meeting was called to order by Ms. Brown, Co-Chair, and introductions were made. Three TAC members were present, with Ms. Beauregard appearing via Skype.

Ms. Collins noted that she is looking into holding future TAC meetings at the offices of Protection & Public Advocacy Services but Commissioner Steckel noted that there would be no guarantee that DMS staff could attend the meetings if they were held off-campus. Ms. Hughes noted that the Café Conference Room will accommodate the meetings if a TAC member has to appear via teleconferencing but the TAC would be responsible for the proper equipment needed in order to accommodate teleconferencing capabilities. The Commissioner and Ms. Beauregard will again review the Attorney General's letter for further clarification on the guidance given in the letter.

APPROVAL OF MINUTES: The minutes of August 20, 2019 were not approved at this meeting.

MEDICAID "FREE CARE" RULE: What is the status of the SPA? Ms. Hughes stated that DMS is expecting CMS approval very soon and the announcement will be posted on the DMS website.

Have any schools started billing under Free Care? Commissioner Steckel did not believe that schools had started billing for this. Ms. Beauregard asked if a code had been established for Free Care and the Commissioner thought there had been but she will follow up with a definitive answer.

Are there upcoming opportunities for stakeholders to be involved in the planning and implementation? Commissioner Steckel stated that the best place for this to happen is with the Kentucky Department of Education and with the school districts. Ms. Beauregard stated she has been in touch with Stephanie O'Conner with KDE, and the Commissioner will check with Kristi Putnam to see if that is the proper contact person or if there is someone else within KDE that can be contacted.

KENTUCKY HEALTH:

KI-HIPP – What is the status of outreach and enrollment? Ms. Shields stated that there had been 220 enrollees in the program but that thirty people dropped off because they lost Medicaid eligibility due to their income exceeding the level to qualify. Mr. Dunn asked if those thirty individuals were required to stay on their employers' health insurance plans, and Commissioner Steckel will speak with Ms. Shields about reaching out to these individuals to ask this question.

How many letters have been mailed and how many individuals/households have enrolled? Ms. Shields reported that 24,000 notices will go out this week to the 1915(c) waiver members and a total of 100,000 notices have been sent out.

If a KI-HIPP member is regularly sending pay stubs to the KI-HIPP team, does DCBS have access to those same documents in order to renew Medicaid eligibility? Ms. Shields stated that DCBS has access to the pay stubs and that information is kept in the ECF (electronic case file). Ms. Brown noted her concerns about an RFI (Request for Information) being generated and members not responding because they think they have already submitted the information. Ms. Beauregard asked if there was a way

to integrate the systems, and Commissioner Steckel will check with DCBS to see if there is a way before an RFI is issued to a member that it can check the KI-HIPP information and at least take that item off of the RFI list, or if DCBS has everything needed to make the determination, then, an RFI will not need to be sent.

What other changes are being planned? Ms. Shields explained that right now two systems are running, one for KI-HIPP and one for K-HIP which is for the 1915(c) waiver members, and DMS is merging them into the Benefind system and everyone will be under the KI-HIPP Program. Commissioner Steckel reported that the stand-alone KI-HIPP application and the self-service portal will go live on November 4, 2019, and integrating the 1915(c) into the DMS eligibility system will go live on January, 2020. She also stated that by April 1, 2020, DMS may begin to allow members to submit pay stubs quarterly instead of every time the member gets paid.

Other updates: There were no other updates.

NON-EMERGENCY MEDICAL TRANSPORTATION:

NEMT policy clarification: If someone has a medical condition that prevents them from being able to use their vehicle for transportation to or from a medical appointment, are they able to use NEMT services? How do they get approved for NEMT? Commissioner Steckel stated that members are able to use NEMT services under these circumstances and they would need to call the NEMT toll-free number to line up the transportation.

If a person owns a car but they need to travel from a county not neighboring their own county to a specialist, so, the price of gas becomes an issue, can they utilize NEMT to get to the doctor? The Commissioner stated that this is a special-needs request and the member would need to reach out to Becky Downey at becky.downey@ky.gov. or call her at 564-6890.

Other questions: Ms. Beauregard asked how members would know to contact Ms. Downey and where the information is provided so that members know they can request a special exception, and Commissioner Steckel said they would check on where this is communicated.

MANDATORY COPAYS:

Commissioner Steckel noted that this topic has been discussed at prior TAC meetings and that the copay policies and procedures are in the MMIS system. Changes have been made so that providers can see if members are over and above the Federal Poverty Level and where the members are with the 5% copay limits.

Are any additional changes being planned for the KyHealthNet/MMIS screen? This was not specifically discussed.

How do exemptions work for children, pregnant women and people in hospice? There was discussion concerning pregnant women being charged copays and the assumption by providers and others that the woman's status was automatically changed in the system to reflect that she was pregnant. Commissioner Steckel stated that it is the responsibility of members to notify DCBS that they are pregnant and that copays will continue until such time that the member notifies DCBS. Ms. Beauregard spoke about a document created by Katherine Easley that had useful information in it but that it is now outdated. Commissioner Steckel will work with Mr. Gray and Ms. Hughes to get this updated.

How are these individuals and/or Medicaid providers/pharmacists informed of their exempted status? This was not specifically discussed.

Are any additional communications planned to educate providers/pharmacies on screen changes? This was not specifically discussed.

What is DMS doing to educate providers/recipients on collection and turn-away policies based on income? This was not specifically discussed.

PUBLIC CHARGE RULE:

How are you communicating with caseworkers and beneficiaries about the recent public charge regulations which affect certain immigrants who utilize public benefits? After some discussion, it was decided that there would be offline communication between Ms. Beauregard, Ms. Brown and the Commissioner about this topic and it will be added to the next TAC meeting agenda.

1915(c) WAIVERS re: STAKEHOLDER ENGAGEMENT AND RATE STUDY:

What are the next steps for redesign? Ms. Hughes stated that Appendices C, I and J will be posted for public comment within the next week and webinar dates and a guide outlining the changes will be posted prior to its release.

What is the status of the rate study: Ms. Hughes reported that the rate study has been concluded and the related appendices will be posted at the same time as the above appendices were noted. The regulations are being modified with the updated rate information and will be finalized after the public comment period closes. The payment regulations will be filed at the same time as other regulations.

How can the 1915(c) enrollees or the general public find out who is serving on the advisory councils? Ms. Hughes stated that an open records' request can be made to DMS and it will respond to the request.

What is the status of the Community Alternatives' comment period? Ms. Hughes stated that the comment period is the same as above where it's the thirty-day public comment period for Appendices C, I and J. It will be posted for public comment next week and the public comment period will be thirty days ending in December.

ADA GUIDELINES RELATED TO MAKING ACCOMMODATIONS FOR DISABLED INDIVIDUALS TO PARTICIPATE IN TAC/MAC MEETINGS: How is DMS meeting the ADA to ensure the necessary accommodations are made for TAC or MAC members with a disability to attend and participate in meetings? Ms. Beauregard will circulate the information she received from Ms. Collins concerning ADA compliance. Mr. Campbell spoke about the difficulty of having a State-provided interpreter interpret for him who is not familiar with his speech and that his own interpreter is still learning how to interpret for him. Commissioner Steckel stated that DMS will continue to look at the information Mr. Campbell sent but it did not have anything else to add. Ms. Beauregard noted that this will be on the December agenda for further discussion.

RECOMMENDATIONS FOR THE NOVEMBER MAC MEETING:

Next meeting of Consumer TAC: The next meeting will be December 17, 2019, 1:30 p.m. to 3:30 p.m., E.S.T.

The meeting was adjourned.

(Minutes were taken and transcribed by Terri Pelosi, Court Reporter, this 9th day of November, 2019.)